



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## CHARITABLE ORGANIZATION PERMIT APPLICATION FORM

**Annual Application fee: \$100.00 (Non-refundable)**

\_\_\_\_\_  
Name of Charitable Organization

\_\_\_\_\_  
Date of Application

### OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Approved: \_\_\_\_\_

Exempt: \_\_\_\_\_

Denied: \_\_\_\_\_

Expiration: \_\_\_\_\_

Percentage of total contributions that  
are projected to benefit the charitable  
purpose: \_\_\_\_\_

Please mark the appropriate box:

☐ INITIAL  
APPLICATION

☐ RENEWAL  
APPLICATION

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form to:

Department of Commerce  
Division of Consumer Protection  
160 East 300 South  
SM Box 146704  
Salt Lake City, Utah 84114-6704

**NOTE: The Charitable Solicitation permit will expire annually on the earlier of January 1, April 1, July 1, or October 1 following the completion of 12 months after the date of initial issuance.**

Aug 2005

## PART I: APPLICANT'S IDENTIFICATION

1. Name of Charitable Organization: \_\_\_\_\_

2. Other Names that Applicant Uses: \_\_\_\_\_

3. Applicant's Street Address: \_\_\_\_\_  
Street

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_  
Street

City

State

Zip Code

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

4. Type of Organization:

☐ Individual      ☐ Partnership      ☐ Association      ☐ Non-profit 501(c)(3)

☐ Non-profit 501(c)(4)      ☐ For Profit Corporation      ☐ Other \_\_\_\_\_

5. Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## PART II: PARENT FOUNDATION

1. Is your organization the parent foundation of a local unit or does your organization associate with a Parent Foundation?    ☐ Yes    ☐ No

If "yes", complete item 2. If "no", go to PART III

2. List the following information concerning your parent foundation or local unit:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City

State

Zip Code

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

3. List the state(s) where your parent foundation is currently registered.

\_\_\_\_\_

## PART III: PROFESSIONAL FUND RAISER, COUNSEL, CONSULTANT

1. Will your organization use a professional fund raiser, fund raising counsel or consultant?

☐ Yes      ☐ No

If “yes”, complete this Part. If “no”, go to Part IV.

2. List the following information concerning each professional fund raiser, professional fund raising counsel or consultant that you utilize.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Street

City	State	Zip Code
------	-------	----------

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Contract Effective Date: \_\_\_\_\_ Contract Expiration Date: \_\_\_\_\_

3. List the state(s) where your professional fund raiser, professional fund raising counsel and professional fund raising consultant are currently registered.

## PART IV: COMMERCIAL CO-VENTURER

1. Will your organization use a commercial co-venturer in any charitable sales promotion conducted during the period of this application?

☐ Yes      ☐ No

If “yes”, complete this Part. If “no”, go to Part V.

2. List the following information concerning each commercial co-venturer that you utilize.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street

City	State	Zip Code
------	-------	----------

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

3. Indicate the date that the charitable sales promotion is expected to commence: \_\_\_\_\_

## **PART V: CHARITABLE PURPOSE OF ORGANIZATION**

1. Describe the charitable purpose of your solicitation and the use of the contributions solicited:

---

---

---

---

## **PART VI: FINANCIAL INFORMATION**

1. Please provide the following information from your most recently filed IRS Form 990 or, if you are not required to file IRS Form 990, from your audited financial statements for the calendar year immediately preceding the date of the application. (Financial statements must include a Schedule of Functional Costs prepared under SOP98-2.) An applicant who is not required to file an IRS Form 990 may choose to provide a completed IRS Form 990 in lieu of audited financial statements.

An initial applicant filing with no previous financial information is required to provide pro forma financial statements or budgets, which include a Schedule of Functional Costs.

A. Fiscal year ending date: \_\_\_\_\_

B. Contributions (line 1d of IRS Form 990): \$ \_\_\_\_\_

C. Fundraising Costs (line 15 of IRS Form 990): \$ \_\_\_\_\_

D. Management and general costs (line 14 of IRS Form 990): \$ \_\_\_\_\_

E. Fundraising costs as a percentage of contributions (divide line C by line B): \_\_\_\_\_%

F. Fundraising costs plus management costs as a percentage of contributions (divide lines C + D by line B):  
\_\_\_\_\_%

G. Percentage of contributions that remained available for application to the charitable purposes declared in this application (100% minus line F): \_\_\_\_\_%

2. Please state the total amount of contributions collected from Utah donors for the fiscal year reported in paragraph 1 of this Part, if known. \$ \_\_\_\_\_

## PART VII: METHOD OF SOLICITATION

1. Please check each applicable method by which solicitations will be conducted and indicate the projected length of time that the solicitation will be conducted.

<u>Method of Solicitation</u>	<u>Dates of Commencement/Termination</u>		<u>Dates of Commencement/Termination</u>
<input type="checkbox"/> Telephone	____/____	<input type="checkbox"/> Sell advertising	____/____
<input type="checkbox"/> Direct mail	____/____	<input type="checkbox"/> Sell Coupon	____/____
<input type="checkbox"/> Door-to-Door	____/____	<input type="checkbox"/> Sell other item	____/____
<input type="checkbox"/> Special events	____/____	<input type="checkbox"/> Other (explain)	
<input type="checkbox"/> Show or performance	____/____	_____	____/____
<input type="checkbox"/> Grant writing	____/____	_____	____/____

2. If any of the methods of solicitation are to be conducted by Applicant's professional fund raisers or professional fund raising counsel or consultant please identify which methods will be used by which fund raiser(s).

---



---

3. Does your organization utilize vending devices?     ☐ Yes                      ☐ No  
 If "yes", complete the rest of this Part If "no", go to Part VIII.

4. Indicate the type of vending device.

---



---

5. List the location(s) of the vending device(s).

---



---

6. Indicate the length of time the vending device will be utilized.

Beginning Date	Expiration Date
_____	_____
_____	_____
_____	_____

## **PART VIII: INJUNCTION, ORDER OR CONVICTION**

1. Has the Applicant or any officer, director, manager, operator, principal, agent or employee of the Applicant been enjoined by any court, or has been the subject of an administrative order (including issued in this or another state and including voluntary agreements of compliance?) [ ] Yes [ ] No  
If "yes", please explain in detail including the nature of the proceeding, date, location and current status.  
Please provide a copy of the order.

---

---

2. Has any officer, director, manager, operator, principal, agent or employee of the Applicant been convicted of any crime involving moral turpitude? (For purposes of this question, "convicted" includes a plea of guilty pursuant to a plea in abeyance agreement.) [ ] Yes [ ] No  
If "yes", please explain in detail including the nature of the proceeding, date, location, sentence and current status. Please provide a copy of the order.

---

---

## **PART IX: ORGANIZATION**

1. Provide the following information for Applicant's Registered Agent:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

2. List the following information concerning the Applicant's partners, principals, officers and directors.

Name

Address

Telephone number

---

---

---

---

3. Does any other domestic or foreign organization own a 10% or greater interest in your organization or does your organization own a 10% or greater interest in any other domestic or foreign organization? ☐ Yes ☐ No

If “yes”, list each organization including the name of the organization, whether the organization is for-profit or non-profit, and the relationship of the organization to your organization.

---

---

4. Does your organization share revenue or formal governance with any other non-profit corporation or unincorporated association? ☐ Yes ☐ No

If yes please explain the sharing agreement including name, address, organization and relationship to applicant.

---

---

5. If you answer “yes” to any of the following, attach a list of related individual with name, business, and residence address of related parties:

Are any officers, directors, trustees, or employees related by blood, marriage or adoption to:

Any other officer, director, trustee, or employee? ☐ Yes ☐ No

Any officer, agent, or employee of any professional fund raising counsel or solicitor under contract with organization? ☐ Yes ☐ No

Any supplier or vendor providing goods or services to organization? ☐ Yes ☐ No

## **PART X: SIGNATURE / ACKNOWLEDGEMENT**

**DATED:** \_\_\_\_\_

**APPLICANT:**

**BY** \_\_\_\_\_  
**ITS**

By signing this application, the charitable organization:

- affirms that this application is complete and not misleading; and
- acknowledges that fund raising in Utah will not commence until both the charitable organization, its parent foundation, if any, and the professional fund raiser or professional fund raising counsel or consultant are registered and in compliance with the Utah Charitable Solicitations Act.

## **DOCUMENTS TO ATTACH**

1. Attach a copy of each of the following documents:
  - A. Copy of Application for Tax Exempt Status filed with the IRS;**  
(Only attach to Initial Application and/or First Renewal dated after 7 Feb 2005);
  - B. The Applicant's articles of incorporation or other organizational documentation showing its current legal status (initial application only, unless amended);
  - C. The Applicant's current by-laws or other policies and procedures governing its day-to-day operations (initial application only, unless amended);
  - D. The Applicant's IRS Section 501(c)(3) or 501 (c)(4) tax exemption letter, if applicable (initial application only, unless amended);
  - E. Telephone transcript to be used in solicitation, if applicable;
  - F. Most recent IRS Form 990 or annual financial report;
  - G. Current contracts with professional fundraiser, professional fund raising counsel or professional fund raising consultant, if applicable;
  - H. Current contract with parent foundation, if applicable; and
  - I. Any order or judgment resulting from any injunction or criminal conviction disclosed in this application.